ENTRY BLANK—PLEASE TYPE OR PRINT

☐ Ms./Artist			YOUNG	
Mr./Artist		d Blown		(last name last)
Permanent Address	3098 Cleveland	Berkshi		
Address	Street	and desired and	NAME AND POST OFFICE ADDRESS OF THE PARTY OF	City
	С	aytime Tel.	(216)	229-0962
Zip			area	
Temporary or Studio Address		"		
Studio Address		Street		City
		Daytime Tel	(216)	9326/23
Zip			area	
If you do not p Reserve, in whi	ich county whe			the Western
Collaborator (i	f any)			
		eum. of.		
	Street			
City		State		Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature 3

ENTRY BLANKS

Detach entire portion along dotted line and submit with slides, but retain tags

NOT ACCEPTED

NOT ACCEPTED

DATE